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Nurses' intention to resign and avoidance of emergency department violence: A moderated mediation model

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ABSTRACT

Background: Studies that examined the negative impact of violence in emergency departments on nurses' leave and avoidance behavior are well-documented. However, few studies provided an integrated model of how and when violence influences their leave and avoidance behavior.

Purpose: The study adopted Affective Events Theory to propose and examine a model of violent events, negative emotions, and (leave and avoidance) behaviors on nurses in emergency departments and further analyzed whether the model is salient to nurses' occupational burnout, nursing experience, and nursing rank.

Method: The sample included 123 emergency department nurses at a teaching hospital in northern, Taiwan.

Results: All participants had experienced violent incidents within the preceding 6 months. Moderated mediation analysis suggested that nurses experienced one of two emotional processes following violent incidents: "violence-negative feelings toward work-intention to resign" or "violence-negative emotion and physical symptoms-avoidance tendencies." Moreover, nurses with high burnout levels expressed weaker intention to resign after violent incidents, while nurses with more experience and higher rank were less likely to avoid violence after violent incidents.

Conclusion: Emergency nurses do not simply elect to escape but may engage in avoidance behavior. This study revealed that how violent incidents affect nurses' resignation or avoidance behaviors depends on how they feel. Occupational burnout and nurses' attributes affected their behavior.

1. Introduction

Workplace violence is a major global issue [1,2]. Emergency department (ED) violence is broadly defined as verbal violence, threats of violence, and violent behavior perpetrated by patients, families, doctors, and nurses [3]. Emergency department nurses (EDNs) are at high risk of experiencing violent incidents [2,4]. This not only threatens them and affects the quality of medical care but could also lead to resignation, affecting professional development [2,5,6].

A review of the literature regarding effects of violence on EDNs showed that ED violence is well-documented, which includes its physiological, psychological, and emotional effects on nurses [6–8] and their subsequent adaptive behaviors and intention to resign [6]. However, there is a lack of integrated understanding of ED violence regarding how do violent incidents affect emotional reactions and subsequent work behavior? Is resignation the only behavioral option following violent incidents? Are nurses' characteristics salient in the events-emotions-behaviors process?

EDNs' clinical practice involves a high degree of response to patients' emotions and personal emotional management issues. Affective Events Theory, proposed by Weiss and Cropanzano [11], provides a theoretical framework via which to explore the relationships between events, emotions, and behaviors. Studies in business organizations context support this theory in that events in the work environment (e.g., facing unruly customers, dealing with emergencies at work) induce positive or negative emotions in employees, affecting their behavior [9,10,14,15]. Furthermore, individual differences result in different adaptive mental processes following the same incident, producing different emotions and behaviors [12,13].

Based on Affective Events Theory, this study aimed to establish an integrated model of events-emotions-behaviors model of ED nurses' experiences of violence, focusing on two research objectives: 1) to determine how ED violence affected nurses' intent to resign and avoidance tendencies via emotional reactions to violence and 2) to determine whether nurses' individual characteristics (i.e., occupational burnout, nursing experience, and professional rank) moderated the events-

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emotions-behaviors pathway.

2. Literature review and hypotheses

2.1. Basic events-emotions-behaviors model

We defined “events” as violent incidents within the ED. According to Affective Events Theory, ED medical staff members’ emotions are affected by exposure to any type of violence. Furthermore, frequent occurrence of violent incidents at work could cause frequent changes in individuals’ emotional states [15]. Therefore, nurses who face violence on a regular basis experience an accumulation of this violence, which evokes increasingly negative emotions. Negative emotional responses to violent incidents could manifest as negative feelings toward nursing (e.g., unwillingness to work, self-doubt regarding capacity for work, dissatisfaction with work) and negative emotions and physical symptoms (e.g., insomnia, flashbacks, hypervigilance, powerlessness, frustration, and upper-body and lower-back pain) [6,8,16].

According to Affective Events Theory, EDNs’ negative emotions are responses to recurrent violence at work and predict their behavior. The study focused on two outcomes in nursing staff: 1) passive intent to resign and 2) active avoidance of violence. Intent to resign indicates the extent to which nurses intend to resign from an organization voluntarily. Avoidance of violence indicates the extent to which nurses tend to avoid violence. Literature had suggested that intent to leave and avoidance tendencies that are rooted in negative stimuli foster survival [17]. In this view, we hypothesized that some EDNs who had experienced negative feelings toward work or negative emotions and physical symptoms following violence would display passive intent to resign, and others would actively learn how to avoid violence and attempt to avoid further violent incidents.

Hypothesis 1.1. Violent incidents will be positively related to intent to resign, and this relationship will be mediated by negative feelings toward work.

Hypothesis 1.2. Violent incidents will be positively related to intent to resign, and this relationship will be mediated by negative emotion and physical symptoms.

Hypothesis 1.3. Violent incidents will be positively related to avoidance tendencies, and this relationship will be mediated by negative feelings toward work.

Hypothesis 1.4. Violent incidents will be positively related to avoidance tendencies, and this relationship will be mediated by negative emotions and physical symptoms.

2.2. Moderating effects of emergency nurses’ individual attributes

With regard to the basic events-emotions-behaviors model in the process of violence, the study examined personal attributes that result in passive intent to resign or active avoidance of violence in EDNs following negative emotional responses to violent incidents. Occupational burnout is a psychological syndrome that results from chronic work-related strain, which manifests mainly as emotional exhaustion, depersonalization, and reductions in personal achievement [18]. We assumed that, after experiencing violent incidents, nurses with high burnout levels would consider resignation the most direct means of escape and choose not to expend energy learning to avoid future violence. Therefore, they were expected to display weaker avoidance tendencies relative to those with lower burnout levels.

Hypothesis 2.1. After experiencing violent incidents and negative emotions (negative feelings toward work/negative emotion and physical symptoms), nurses with higher occupational burnout levels will display stronger intent to resign relative to those with lower burnout levels.

Hypothesis 2.2. After experiencing violent incidents and negative emotions (negative feelings toward work/negative emotion and physical symptoms), nurses with higher occupational burnout levels will display weaker avoidance tendencies relative to those with lower burnout levels.

The duration of nurses’ experience is an indicator of their professional commitment. Therefore, nurses with more experience were expected to display weaker intent to resign and stronger avoidance tendencies after experiencing violent incidents, relative to nurses with less experience.

Hypothesis 3.1. After experiencing violent incidents and negative emotions (negative feelings toward work/negative emotion and physical symptoms), nurses with more experience will display weaker intent to resign relative to nurses with less experience.

Hypothesis 3.2. After experiencing violent incidents and negative emotions (negative feelings toward work/negative emotion and physical symptoms), nurses with more experience will display stronger avoidance tendencies relative to nurses with less experience.

With respect to professional rank, the professional nursing structure in Taiwan is divided into five levels: N0 nurses should be familiar with sickroom rules and basic nursing knowledge; N1 nurses manage general nursing care; N2 nurses can manage critical care; N2 and N3 nurses can teach new nurses; and N3 and N4 nurses can manage departmental projects. In addition, N4 nurses can manage administrative tasks and assist in research studies. Higher nursing rank reflects increased ability to provide professional care. Therefore, higher-ranking nurses are likely to display weaker intent to resign and avoidance tendencies, relative to lower-ranking nurses, because they have greater professional capacity corresponded to stronger self-efficacy with regard to reducing violence [19].

Hypothesis 4.1. After experiencing violent incidents and negative emotions (negative feelings toward work/negative emotion and physical symptoms), higher-ranking nurses will display weaker intent to resign relative to lower-ranking nurses.

Hypothesis 4.2. After experiencing violent incidents and negative emotions (negative feelings toward work/negative emotion and physical symptoms), higher-ranking nurses will display weaker avoidance tendencies relative to nurses of lower rank.

Fig. 1 presents the research framework used in the study.

3. Methods

This cross-sectional study was conducted in the Emergency Departments of eight affiliated teaching hospitals in Taiwan from March 2013 to May 2013. This study was approved with by the hospital’s Institutional Review Board (IRB No. 102-0235B) before data collection.

3.1. Setting

There are a total of 3300 registered nurses working in the case hospital. One hundred and eighty nurses work in ED, in which 90–100 nurses work on duty per day. Senior nurses with agile judgment and experiences are usually assigned to the triage and treatment areas. Emergency nurses with 6–15 years of emergency service accounted for 35.7%. Hospital emergency rooms are open 24 h a day. The treatment order in emergency departments is based on the Taiwan Triage and Acuity System (TTAS), which classify emergency patients into five-level (from first-level = CPR to fifth-level = non-emergent) for different treatment priority. The peak hours in ED of the case hospital are from 10:00 to 15:00 and from 18:00 to 22:00. ED of the case hospital deals with an average of 14,000 patients per month, in which 350 patients

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